U.S. Department of Justice : 1:23 GV-01656-PAB DOC # BOC WILLIAM See "Instructions for Service of Process by U.S. Marshal" PLAINTIFF COURT CASE NUMBER Lonnie Thompson 1:23-CV- 1656 DEFENDANT TYPE OF PROCESS Hensley, et. al., Order of Possession NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONT Julie A. Hensley, Health Care Administrator (SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT Taylortown 1150 N. Main St., Mansfield, OH 44901 OH SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Mr. Lonnie Thompson, # 640-614 Number of parties to be Madison Correctional Institution served in this case Joseph Sobecki 405 Madison Ave., Ste. 910 1851 State Route 56 P.O. BOx 740 Check for service Toledo, OH 43604 London, OH on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER X PLAINTIFF 419-283-9282 DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS District of District to Signature of Authorized USMS Deputy or Clerk I acknowledge receipt for the total Total Process number of process indicated. Origin Serve (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served , Nave legal evidence of service, Nave executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Time Address (complete only different than shown above) Date Signature of U.S. Marshahor Deputy Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal* or Service Fee (Amount of Refund*) including endeavors) \$0.00

PRINT 5 COPIES:

I. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00 Dear Customer,

The following is the proof-of-delivery for tracking number: 777057391697

Delivery Information:				
Status:	Delivered	Delivered To:	Residence	
Signed for by:	D.OUG	Delivery Location:		
Service type:	FedEx Express Saver			
Special Handling:	Deliver Weekday; Residential Delivery; Adult Signature Required		SHELBY, OH,	
	Addit dignature Nequired	Delivery date:	Jun 28, 2024 10:28	
Shipping information:				
Tracking number:	777057391697	Ship Date:	Jun 26, 2024	
		Weight:	0.5 LB/0.23 KG	
Recipient:		Shipper:		
SHELBY, OH, US,		Toledo, OH, US,		

U.S. Department of Justice. 1:23-CV-01656-PAB DOC# BOCKES: DALGED 320-DPROFIDE 128-CV-01656-PAB DOC# BOCKES: DALGED 320-DPROFIDE 128-DPROFIDE 128 PLAINTIFF COURT CASE NUMBER Lonnie Thompson 1:23 -ev- 1656 DEFENDANT TYPE OF PROCESS Hensley, et. al., Order of Possession NAMES AND DOUBLE, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Newland, Nurse Practitioner (Mansfield Corr. Inst.) Kendra L. Newland SERVE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT 1150 N. Main St., Mansfield, OH SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Lonnie Thompson, # 640-614 Madison Correctional Institution Number of parties to be Joseph Sobecki served in this case 1851 State Route 56 405 Madison Ave, Ste. 10 Toledo, OH 43604 P.O. BOx 740 Check for service London, OH on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold TELEPHONE NUMBER DATE Signature of Attorney other Originator requesting service on behalf of: X PLAINTIFF 4119-283-9282 DEFENDANT USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date Total Process District of District to I acknowledge receipt for the total Serve Origin number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) I hereby certify and return that I 🗌 have personally served , have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Time Address (complete only different than shown above) am Signature of U.S. Marshal or Deputy Total Charges Amount owed to U.S. Marshal* or Service Fee Total Mileage Charges Forwarding Fee Advance Deposits (Amount of Refund*) including endeavors) \$0.00

REMARKS:

PRINT 5 COPIES:

HED CX

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/15/80 Automated 01/00

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Dear	()	ieta	mor

The following is the proof-of-delivery for tracking number: 777057433778

Delivery Information:				
Status:	Delivered	Delivered To:	FedEx Location	
Signed for by:	K. NEWLAND	Delivery Location:		
Service type:	FedEx Express Saver			
Special Handling:	Hold at Location; Adult Signature Required		MANSFIELD, OH,	
		Delivery date:	Jun 28, 2024 16:35	
Shipping information:	_			
Tracking number:	777057433778	Ship Date:	Jun 26, 2024	
		Weight:	0.5 LB/0.23 KG	
Recipient:		Shipper:		
MANSFIELD, OH, US,		Toledo, OH, US,		

United States Marshals 6056 1:23-cv-01656-PAB Doc #: 321 Filed: 57123124 5 30 64 Page 1528 PLAINTIFF COURT CASE NUMBER Lonnie Thompson 1:23-CV-1656 DEFENDANT TYPE OF PROCESS Hensley, et. al., Order of Possession NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CON (Mansfield Corr. Inst.) SERVE Iteomo ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) AT Main St., Mansfield, OH SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Number of process to be served with this Form 285 Mr. Lonnie Thompson, # 640-614 Number of parties to be Madison Correctional Institution served in this case 1851 State Route 56 Joseph Sobecki P.O. Box 740 405 Madison Ave., Ste. 910 Check for service London, OH 43140 Tolego, OH 43604 on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service): Fold Signature of Attorney other Originator requesting service on behalf of: TELEPHONE NUMBER X PLAINTIFF DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE Signature of Authorized USMS Deputy or Clerk Date District of District to Total Process I acknowledge receipt for the total number of process indicated. Origin Serve (Sign only for USM 285 if more No 01 No.01 than one USM 285 is submitted) I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and discretion then residing in defendant's usual place of abode Time Address (complete only different than shown above) Date am M pm Signature of U.S. Marshal or Deputy Amount owed to U.S. Marshal* or Total Mileage Charges Forwarding Fee Total Charges Advance Deposits Service Fee (Amount of Refund*) including endeavors) \$0.00 REMARKS: 1. CLERK OF THE COURT PRIOR EDITIONS MAY BE USED PRINT 5 COPIES:

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80 Automated 01/00

Dear	Cue	hom	۵r
Deal	LAUS	w	ы

The following is the proof-of-delivery for tracking number: 777057477733

Delivery Information:	
	D-11 1

Status:

Delivered

Delivered To:

Residence

Signed for by:

R.OKJUKO

Delivery Location:

Service type:

FedEx Express Saver

Special Handling:

Deliver Weekday; Residential Delivery; Adult Signature Required

LAGRANGE, OH,

Delivery date:

Jun 28, 2024 15:04

Shipping Information:

Tracking number:

777057477733

Ship Date:

Jun 26, 2024

Weight:

0.5 LB/0.23 KG

Recipient:

LAGRANGE, OH, US,

Shipper:

Toledo, OH, US,